

Evidence-Based

Building upon: (1) the results that are wanted; (2) the indicators of those results and the story behind the indicator baselines; and (3) the partners around the table leads to the next major set of questions: What works, or what could work, to turn these conditions around? What could the partners do? What could the SAC members do? What could be done that is no-cost or low-cost? The answers to these questions will be found using a combination of science, common sense, and knowledge of the community.¹ ***(Some principles, assumptions, and values that guide the work of building healthy communities*** in the “Tools” section provides guidelines that can help govern the search and selection process overall.)

Looking at the research is the science part of this process. Research that has been done over a given period of time on programs that actually make a difference in people’s well-being in the targeted area of concern can help the SAC members compile a starting list of tested efforts that might work for their community.

“Priority should be given to actions for which evidence of effectiveness is available. Evidence is needed not only that an action can be expected to have the desired health impact...but also that an effective form of implementation has been identified....For many health issues, however, evidence for effective interventions will be limited, and communities are unlikely to have the expertise, funding, or time needed to conduct their own outcomes studies or economic analyses. A community should not ignore these issues or the interventions under consideration, but it will have to consider carefully what actions can make the best use of its resources.”²

To help shape the search for evidence-based programs, the SAC members may want to consider the work they did earlier on underlying risk and protective factors associated with their health issue. Not all risk factors are amendable to change, and the SAC needs to select those risk and protective factors that are the most likely ones to focus on, and to what degree. To help in this selection process, there are two key questions:

- Does the factor strongly influence the issue? Is a given factor very important in order to modify a behavior, or is it less important? The SAC member can consult existing literature or local knowledgeable people for help in determining the level of importance.
- Can it be easily changed? Generally there are three levels of “changeability”:
 - The factor can be completely changed—e.g., high cholesterol.
 - The factor can be modified, but not changed completely—e.g., the availability of alcohol and other drugs for young people.
 - The factor cannot be affected directly—e.g., a genetic link in relation to a disease. Such factors should not be ignored; rather they should be to help target those needing enhanced interventions.³

(Determining which risk or protective factors to focus on in the “Tools” section can help in identifying the most appropriate factors.)

The common sense part of this process is that not all things that work have been “proven” by the research community.⁴ So, along with fully researched models, the SAC members will need to consider what appears to be working in other communities in the ways the SAC is interested in addressing. These are often referred to as “promising” practices and interventions. (A “practice” is a particular way of doing things, which may encompass a whole program, or simply a single method or way of looking at things. An “intervention” is usually a whole program or initiative meant to achieve an overall result. Generally, practices may be thought of as the tools interventions use to get the job done.⁵)

Promising practices may be relatively untried, yet based something solid, such as theory, past experience, or analysis of the problem. A problem analysis which arises from broad community discussion can yield solutions that address real causes, taking into account the community’s history and cultural realities. But, to decide if a “promising practice” is right for its health improvement initiative, the SAC will need to determine what the practice is a promising practice for. The SAC will need to be clear about what kind of practices and interventions it is interested in and has the resources for. Does the SAC want a:

- *Treatment* program, which addresses the manifestations of a particular problem or issue?
- *Prevention* program, which will try and address and change the root causes of the problem or issue?
- *Promotion* program, which approaches the issue from a positive standpoint?

Being clear about the desired direction will help the SAC members decide which among many promising practices or interventions might work for its current concerns.⁶ (***A Self-Assessment to Help You Find and Choose Promising Practices*** in the “Tools” section offers some guidelines for assessing promising practices.)

When searching out promising practices and interventions, it’s generally a good idea to start by casting a wide net. What works only adequately in one community may, with some fine-tuning, work wonderfully in the SAC’s region. Likewise, what is exemplary in another community may well be the wrong choice for the SAC’s region. In addition to finding out what seems to work elsewhere, the SAC also should be finding out what didn’t work. Knowing the history of pitfalls and mistakes can save time, energy, and frustration.⁷ It also may be helpful to focus on experiences in counties and communities with economic and demographic characteristics similar to the SAC’s own region.⁸

Yet another key resource for identifying “what works” is the SAC’s “pointers to action”—i.e., the elements of the story behind the baseline and each partner or potential partner. The SAC can benefit from seeking advice from a wide range of partners on what it would take to get people healthier in the area of concern. Then ask each partner or potential partner:

- What is your best assessment of whether our (population) are now in the best health in the (health issue) area?
- What would work in this region to improve this situation?

- What can you contribute (time, money and expertise)? How can we create a strategy to turn a curve or set of curves—i.e., actually improve the measurable well-being of our (population) or the community as a whole?⁹

While the SAC undoubtedly will be collecting a long list of ideas, it is important to remember that not all ideas are good ideas. Ultimately, each idea needs to be tested against the question: “Would this make a difference in the well-being of (our population of concern)? Would it help turn the curves we are trying to turn?”¹⁰ Once these questions have been answered, there are some other criteria that can help in the sorting out process:

- Appropriate—Do they (interventions) fit the group’s purpose?
- Effective—Did they make a difference in behavior and outcome?
- Replicable—Are the details and results of what happened in the original intervention explained well enough to repeat what was done?
- Simple—Is it clear enough for people in your group to do?
- Practical—Do we have the time and money to do this?
- Compatible with your situation—does it fit local needs, resources and values?¹¹

(Determining if interventions done by others are appropriate for your purpose and situation in the “Tools” section may help the SAC sort out the most promising practices and interventions for its purposes.)

Tools for this Section: Some principles, assumptions, and values that guide the work of building healthy communities, Determining which risk or protective factors to focus on, A Self-Assessment to Help You Find and Choose Promising Practices, Determining if interventions done by others are appropriate for your purpose and situation

Cost-reasonable

As the SAC is compiling its list of researched models and promising practices and interventions, a key consideration must be: What can the SAC (or key partner organization) afford to do? “Afford” here means financially, politically, time, and resource wise.¹² If the SAC cannot replicate an intervention’s resources as well as its practices, then the chances for success are slim, at best. Having adequate resources—people, money, supplies, and time—to achieve the desired outcomes is a critical factor, and the SAC needs to ensure it does not bite off more than it can chew.¹³

One way to avoid over-reaching available resources is to look for and consider adapting no-cost and low-cost ideas. Such ideas can be among the most powerful parts of the SAC’s plan. There is a tendency to think about everything as a money problem, but money—while important—is not the only way to turn a curve. There are many ways partners can contribute to this effort that provide crucial resources at low cost and without using public funding sources. The simple act of asking and looking for no-cost and low-cost ideas has the effect of changing people’s mindsets, and can lead them to generate a wealth of good ideas.¹⁴

Implications of Doing Nothing

Up to this point, the focus has been on finding possible models, practices and interventions to implement in addressing the SAC's identified health issue. But there is another decision-making criterion that is equally important for the SAC to consider—the implications of doing nothing, or the cost of bad results. The SAC will want to consider the price to be paid when their population of concern is not healthy and fully functioning in the condition of concern. For example, children not healthy and ready for school can drive up costs in remedial education, public and private sector health care, and later in such things as teen pregnancy and juvenile crime. Showing the costs of bad results helps make the economic case for additional investments in the population of concern.¹⁵ It also can help the SAC set priorities for action.

Starting Small

Now comes the part where the SAC takes all the pieces from its research, its common sense, and its knowledge of its community, and begins to formulate a strategy to turn the curve. The goal is a strategy that is coherent, that the SAC can actually afford to implement, and that will actually produce the desired results. One way to begin this process is to assess all the good “what works” ideas against some established criteria. Four such criteria¹⁶ include:

- *Specificity*: Is the proposal specific about what will be done, when and by whom, or is it a rhetorical statement of need like “end poverty” or “cure disease”? Proposals need to take the form of an actionable item which can be funded and implemented.
- *Leverage*: How great an impact will this proposal have on the curves we are trying to turn? We are looking for actions which are high leverage, not token efforts.
- *Values*: Is the proposal consistent with our personal and our community's values. There are many proposals which are potentially effective which violate important principles of equity and fairness. The best approaches must be true to community values and must take into account differences in cultures and community norms.
- *Reach*: Is it feasible and affordable? Can it be done this year, next year, or 3 to 10 years from now? This criterion can help space out our efforts over time.

The collected ideas can be rated on a worksheet against these criteria. The SAC should look for actions which are high on all four criteria—i.e., actions which are specific, high leverage, consistent with the regional values, and which can be implemented sooner rather than later. Each proposal can be rated high, medium, or low on each of the four criteria. Those that rise to the top can become the first year's plan. Others that are high on the first three criteria, but lower on the fourth can be targeted for later years. (*From What Works Ideas to A Public Square Strategy* in the “Tools” section provides a worksheet format that can be used for this technique.)

The above analysis technique will yield selected priorities for action, and it will be up to the SAC and its partners to fashion the priorities into a coherent strategy. As used here,

“strategy” is a broad plan one makes to reach a goal (or in this case, turn a curve). A strategy is accomplished through the implementation of “tactics,” or specific steps or individual grounded acts¹⁷. Much like fitting the pieces of a puzzle together, the goal here is to consider how the pieces fit together in a system of services and supports, not just a loose confederation of good ideas.¹⁸ Such a strategy should be able to stand up to the *public square test*: If you had to stand in a public square and explain to your neighbors “what we intend to do, in *this* community, for (the population of concern and the intended result),” they would understand it.¹⁹ The SAC members may find it helpful to think of “strategy” as the “intervention,” or broad program or initiative.

Another caution for this phase is to start small. Health problems tend to have complex causes and interrelated solutions, and the SAC will want to avoid attempting something that is too grand in scale or whose results will occur too far in the future to allow for an early (and motivating) success. Always, the SAC will need to consider how to make the best use of current resources—both its own and its partners’.

Using the information it has collected to this point, the SAC and its partners (including potential clients or end users of the services) can reframe and analyze the problem to be addressed by the strategy. (***Problem analysis sheet*** in the “Tools” section can help with this task.) Using this analysis, the SAC and its partners can identify potential core components and elements. Components are the broad, general steps in the strategy—the “big ideas” that can be further broken down. Here is also where the SAC will want to identify the specific targets and agents of change for the strategy. (***Components and Elements Background Table, Connecting Targets and Agents of Change*** in the “Tools” section can help with this segment.) Generally, a comprehensive strategy or intervention will incorporate components from each of the four categories found on the worksheet. The next step is to identify the specific elements, or steps, that will be done to implement the components.²⁰ (***Table of Components and Elements*** in the “Tools” section can help with this step. ***Example # 3: Teen Pregnancy Prevention Program Components and Elements Background Table, Example # 4: Teen Pregnancy Prevention Program Table of Components and Elements*** in the “Tools” section offer examples of completed components and elements worksheets.)

With the development of its strategy, the SAC and its partners are now ready to move into the next phase, or what some may view as the place where “the rubber meets the road.” This is the point where the SAC moves concretely from talk to action, by developing the action plan.

Tools for this Section: From What Works Ideas to a Public Square Strategy, Problem analysis sheet, Components and Elements Background Table, Connecting Targets and Agents of Change, Table of Components and Elements, Example # 3: Teen Pregnancy Prevention Program Components and Elements Background Table, Example # 4: Teen Pregnancy Prevention Program Table of Components and Elements

Notes

¹ Adapted from “How do we identify what works to improve conditions of well-being?” in M. Friedman, The Results and Performance Accountability Implementation Guide, Fiscal Policies Studies Institute, 2002. Retrieved 7/12/2002 from the World Wide Web: <http://www.raguide.org>

² “A Community Health Improvement Process,” in Improving Health in the Community: A Role for Performance Monitoring, JS Durch, LA Bailey, MA Stoto, eds., National Academy Press, Washington, D.C., 1997, pp.97-98. Retrieved 7/2/2002 from the World Wide Web: <http://www.nap.edu/openbook/0309055342/html>

³ KU Work Group on Health Promotion and Community Development. (2000). Chapter 19, Section 2: Understanding Risk and Protective Factors: Their Use in Selecting Potential Targets and Promising Strategies for Interventions. Lawrence, KS: University of Kansas. Retrieved 8/21/2002 from the World Wide Web: http://ctb.ukans.edu/tools/EN/sub_section_main_1156.htm

⁴ . “How do we identify what works to improve conditions of well-being?” in M. Friedman, op. cit

⁵ Definitions from KU Work Group on Health Promotion and Community Development. (2000). Chapter 19, Section 1: Criteria for Choosing Promising Practices and Community Interventions. Lawrence, KS: University of Kansas. Retrieved 8/21/2002 from the World Wide Web: http://ctb.ukans.edu/tools/EN/sub_section_main_1152.htm

⁶ Ibid.

⁷ Ibid.

⁸ “How do we identify what works to improve conditions of well-being?” in M. Friedman, op. cit

⁹ Ibid.

¹⁰ Ibid.

¹¹ Criteria adapted from KU Work Group on Health Promotion and Community Development. (2000). Chapter 18, Section 1: Designing Community Interventions. Lawrence, KS: University of Kansas. Retrieved 8/12/2002 from the World Wide Web: http://ctb.ukans.edu/tools/EN/sub_section_main_1140.htm

¹² Ibid.

¹³ Adequate resources concept adapted from KU Work Group on Health Promotion and Community Development. (2000). Chapter 19, Section 1: Criteria for Choosing Promising Practices and Community Interventions, op. cit

¹⁴ “How do we identify what works to improve conditions of well-being?” in M. Friedman, op. cit

¹⁵ Concepts adapted from “A Community Health Improvement Process,” in Improving Health in the Community: A Role for Performance Monitoring, op. cit., p. 97 and “How do we create a baseline (trend line) for an indicator?” in M. Friedman, op. cit

¹⁶ This assessment technique adapted from “How do we identify what works to improve conditions of well-being?” in M. Friedman, op. cit

¹⁷ KU Work Group on Health Promotion and Community Development. (2000). Chapter 19, Section 3: Identifying Strategies and Tactics for Reducing Risks. Lawrence, KS: University of Kansas. Retrieved 8/12/2002 from the World Wide Web: http://ctb.ukans.edu/tools/EN/sub_section_main_1161.htm

¹⁸ Adapted from “How do we identify what works to improve conditions of well-being?” in M. Friedman, op. cit

¹⁹ “Public Square” definition adapted from “How do we select indicators for a result?” in M. Friedman, The Results and Performance Accountability Implementation Guide, Fiscal Policies Studies Institute, 2002. Retrieved 8/25/2002 from the World Wide Web: <http://www.raguide.org>

²⁰ This strategy development process adapted from KU Work Group on Health Promotion and Community Development. (2000). Chapter 18, Section 1: Designing Community Interventions, op. cit

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Tools

Some principles, assumptions, and values that guide the work of building healthy communities*

1. Community health improvement involves the **population** as a whole, not merely individuals at risk for specific physical, mental, or social conditions.
2. Community health requires changes in both the **behaviors** of large numbers of individuals and the **conditions** or social determinants that affect health and development.
3. A healthy community is a **local product** with priority issues and strategies best determined by those most affected by the concern.
4. Freedom and justice require reducing income disparities to promote optimal **health and development for all**.
5. Since health and development outcomes are caused by **multiple factors**, single interventions are likely to be insufficient.
6. The conditions that affect a particular health or development concern are often **interconnected** with those affecting other **concerns**.
7. Since the behaviors that affect health and development occur among a variety of people in an **array of contexts**, community improvement requires engagement of diverse groups through different parts of the community.
8. Statewide and community partnerships, support organizations, and grant makers are **catalysts for change**: they attempt to convene important parties, broker relationships, and leverage needed resources.
9. The aim of support organizations is to **build capacity** to address what matters to people over time and across concerns.
10. Community health and development **involves interdependent relationships** among multiple parties in which none can function fully without the cooperation of others.

* Adapted from Community Tool Box, <http://ctb.ukans.edu/>

Determining which risk or protective factors to focus on*

In the table below, list all of the risk and protective factors that you have determined in the first column. In the next column, rate the importance of the factor, with one "1" being very important, two "2" being moderately important, and three "3" being slightly important. Note that more than one factor can have the same number. Do the same in the column labeled "Changeability," with one "1" being completely changeable, two "2" being partially changeable, and three "3" for factors you are unable to change. Finally, in the last column, add up the numbers you have gotten in each row. The factor(s) which has/have the lowest final value is/are the risk and protective factors you should start with, those with the second lowest value should come second, and so on.

Risk or protective factor	Importance		Changeability		Final value
		+		=	
		+		=	
		+		=	
		+		=	
		+		=	
		+		=	
		+		=	
		+		=	

* From the Community Tool Box, <http://ctb.ukans.edu/>

A Self-Assessment to Help You Find and Choose Promising Practices^{*}

A. Answering these questions will help you search for the best promising practice for your community

1. What is the broad area of interest (e.g., health promotion, independent living)?
2. What specific problem are you working on (e.g., substance abuse, obesity)?
3. What population will benefit from your effort (e.g., Hispanics, youth, rural groups)?
4. What type of intervention or community change (i.e., change in program, policy, or practice) are you seeking?
5. In what sector of the community will this take place (e.g., business, youth groups, churches)?
6. Are you interested in targeting an intervention at a high-risk group or a comprehensive approach, or both?

B. Answering these questions will help choose the best promising practice for your community

1. Does the promising practice meet all of the criteria set by your search?
2. Some programs can be complicated, which means an organization that can support the effort is needed. Are there organizations in your community that can support the effort? If not, can you create such an organization?

^{*} Adapted from Community Tool Box, <http://ctb.unkans.edu/>

A Self-Assessment to Help You Find and Choose Promising Practices (Continued)

3. What is the evidence that the promising practice will have some impact?
4. Will you be able to replicate the practice? If not, how will you modify it for your community?
5. What resources do you have or will you be able to generate to support the practice? Will a pared back version satisfy your needs?
6. Is the practice compatible with your community's beliefs, attitudes and values (e.g., will your community support condom distribution)?
7. Have you looked at different versions of the practice in the examples and stories provided in the Community Tool Box or in other resources? Have you contacted others who have implemented the practice?
8. How will this promising practice work for you? What would make it a success for your community?

Determining if interventions done by others are appropriate for your purpose and situation*

Use this table to help you determine if a particular intervention you know about is right for your purpose and situation.

What is the intervention?	
Is it appropriate for our purpose?	
Is it effective?	
Is it replicable?	
Is it simple?	
Is it practical?	
Is it compatible to our situation?	
Additional comments:	

* Adapted from Community Tool Box, <http://ctb.ucth.edu/>

From What Works Ideas to a Public Square Strategy

Some Ideas on Sorting Criteria

(Not intended to take the place of hard thinking)

What Works Ideas	-----Criteria-----			
	Specificity	Leverage	Values	Reach
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div>Who, What, When, Where,How</div> <div>H</div>	<div>To turn the curve</div> <div>M-H</div>	<div>Community and Personal</div> <div>H</div>	<div>Feasible Affordable</div> <div>H = this year M = next year L=2-10 years</div>
Total	Coherence and the Public Square			
Strategy - Action Plan -Budget				

FPSI

“How do we identify what works to improve conditions of well-being?” in M. Friedman, *The Results and Performance Accountability Implementation Guide*, Fiscal Policies Studies Institute, 2002. Retrieved 7/12/2002 from the World Wide Web: <http://www.raguide.org>. Used by permission.

Problem analysis sheet^{*} (two pages)

The following table gives you room to analyze the problem or issue you want your group to address. This information can be used in developing strategies and performance measures.

Problem Analysis Sheet	
What factors put people at risk for (or protect them against) the problem or concern?	
Whose behavior (or lack of behavior) caused the problem?	
Whose behavior (or lack of behavior) maintains the problem?	
For whom is the situation a problem?	
What are the negative consequences for those directly affected?	
What are the negative consequences for the community?	
Who, if anyone, benefits from things being the way they are now?	
How do they benefit?	

^{*} Adapted from Community Tool Box, <http://ctb.ukans.edu/>

Problem Analysis Sheet	
Who should share the responsibility for solving the problem?	
What behaviors need to change to consider the problem "solved"?	
What conditions need to change to address the issue or problem?	
How much change is necessary?	
At what level(s) should the problem be addressed?	
Will you be able to make changes at the level(s) identified?	

Components and Elements Background Table *

Use this table to look holistically at the intervention you will develop.

Problem/ Issue to be Addressed	
Risk/ Protective Factors	
Targets of Change	
Agents of Change	
Components	
Elements	
Mode/ Context of Delivery	

* From Community Tool Box, <http://ctb.ukans.edu/>

Connecting targets and agents of change *

Fill out the following sheet as part of your planning process. You can use the information to decide who can benefit and contribute when you write or revise your action plan.

Community issue or problem: _____

What behaviors and conditions contribute to the issue or problem?	Who are the people who experience or contribute to the issue (the targets of change)?	Who are the people who can contribute to improvement (the agents of change)?

* Adapted from Community Tool Box, <http://ctb.umn.edu/>

Table of Components and Elements *

You can fill in this table to look at all of the components and elements that will be done as a part of your intervention. By filling this out, you can see if there are any gaps in your plan that need to be filled in. (For example, if your plan doesn't have any elements related to providing information and skills training, that gap will be very apparent on this table.)

	Providing Information and Skills Training	Enhancing Support and Resources	Modifying Opportunities and Barriers	Monitoring and feedback
Components				
Elements (Distinct activities to be done to implement the components.)				

* Adapted from Community Tool Box, <http://ctb.uct.ac.za/>

Example #3: Teen Pregnancy Prevention Program Components and Elements Background Table*

Problem/Issue to be Addressed	Adolescent pregnancy is a serious problem in our community
Risk/Protective Factors	Knowledge of contraceptives, risks Access to contraceptives Skills Values and beliefs Problems at home (conflict, inconsistent rules from parents) Economic deprivation
Targets of Change	Adolescents, peers, parents and caregivers, teachers, service providers, business people, and elected and appointed officials
Agents of Change	Peers, parents and caregivers, teachers, service providers, religious leaders, business people, elected and appointed officials
Components	Sexuality education, develop community alliances, improve access to contraceptives, monitor rates of adolescent pregnancy, improve peer support and increase alternative activities
Elements	Offer graduate-level training for teachers in sexuality education Offer skills training for teens for the choice of avoiding unprotected sexual activity Use bulletin boards and the school newspaper to keep teens up to date on special events Begin a "brown bag" program for teens to buy contraceptives without others knowing what they are doing Start a support group to help teen mothers stay in school
Mode/Context of Delivery	Schools, media, businesses, faith institutions, service organizations

* From Community Tool Box, <http://ctb.ukans.edu/>

Example #4: Teen Pregnancy Prevention Program Table of Components and Elements*

	Providing information and skills training	Enhancing support and resources	Modifying opportunities and barriers	Monitoring and Feedback
Components	Sexuality education	<ul style="list-style-type: none"> - Provide peer support - Provide support from influential others - Develop community alliances 	<ul style="list-style-type: none"> - Improve access to contraceptives 	<ul style="list-style-type: none"> - Monitor rates of adolescent pregnancy
Elements	<ul style="list-style-type: none"> - Offer graduate-level training for teachers in sexuality education - Offer skills training to teens on avoiding unprotected sexual activity - Use bulletin boards and the school newspaper to keep teens up to date on special events 	<ul style="list-style-type: none"> - Start a support group to help teen mothers stay in school - Establish a mentoring program for at-risk youth to gain access to potential employers and job opportunities 	<ul style="list-style-type: none"> - Begin a "brown bag" program for teens to buy contraceptives without others knowing what they are doing - Contraception and information about its use will be made available at places where teens congregate 	<ul style="list-style-type: none"> - How many teens report abstaining from intercourse? - How many teens report the use of contraceptives if they do engage in sexual activity? - How many teens become pregnant? - Report the estimated pregnancy rate to the community on an annual basis

* From Community Tool Box, <http://ctb.ukans.edu/>